

INVENTOR INFORMATION

Inventor One Given Name:: Michael
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City:: New York
State or Province:: New York
Postal or Zip Code:: 10019
City of Residence:: New York
State or Province of Residence:: New York
Citizenship Country:: USA

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 05514
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APPLICATION INFORMATION

Title Line One:: MAXIMAL NASAL INTERNAL SUPPORT SYSTEM

Total Drawing Sheets:: 14
Formal Drawings?: No
Application Type:: Utility
Docket Number:: 2633.1
Secrecy Order in Parent Appl.?: No

REPRESENTATIVE INFORMATION

Representative Customer Number:: 5514

PRIOR FOREIGN APPLICATIONS

Priority Claimed:: No